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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

95 JUN 16 AM 10: 24

DOCUMENT # N30858 (7)

1. Corporation Name

CENTRAL FLORIDA CONSORTIUM OF HIGHER EDUCATION, INC.

Principal Place of Business	Mailing Address
100 WELDON BOULEVARD C/O EARL S. WELDON SANFORD FL 32773	100 WELDON BOULEVARD C/O EARL S. WELDON SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2980417 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4000 Central Florida Blvd.	26 4000 Central Florida Blvd.
Suite, Apt. #, etc. 22 c/o John C. Hitt	Suite, Apt. #, etc. 27 c/o John C. Hitt
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32816 / Country 25	Zip 29 32816 / Country 30

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELDON, EARL S. 100 WELDON BOULEVARD SANFORD FL 32773	81 Name: Dr. John C. Hitt 82 Street Address (P.O. Box Number is Not Acceptable): University of Central Florida 83 4000 Central Florida Blvd. 84 City: Orlando FL 85 Zip Code 32816

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Dr. John C. Hitt, president June 9, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	KING, MAXWELL	12 NAME	
STREET ADDRESS	1384 WALTON HEATH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	T [X] Change [ ] Addition
NAME	GREENWOOD, ELAINE A	22 NAME	Sorg, Steven E.
STREET ADDRESS	3684 JERICHO DRIVE	23 STREET ADDRESS	298 Quail Court
CITY-ST-ZIP	CASSELBERRY FL	24 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	D	31 TITLE	D [ ] Change [X] Addition
NAME	ROBERT WESTRICK	32 NAME	Day, Philip R. Jr.
STREET ADDRESS	33013 DAMON CT.	33 STREET ADDRESS	30 Inlet Point Blvd.
CITY-ST-ZIP	LEESBURG FL 34788	34 CITY-ST-ZIP	Ponce Inlet, FL 32127
TITLE	D	41 TITLE	D [ ] Change [X] Addition
NAME	WELDON, EARL	42 NAME	Campion, William J.
STREET ADDRESS	1101 KILLOLOE TERRACE	43 STREET ADDRESS	1060 S.W. 32nd Lane
CITY-ST-ZIP	CHULUOTA FL	44 CITY-ST-ZIP	Ocala, FL 34474
TITLE	CD	51 TITLE	[ ] Change [ ] Addition
NAME	HITT, JOHN C.	52 NAME	
STREET ADDRESS	2242 WESTMINSTER TERR	53 STREET ADDRESS	
CITY-ST-ZIP	OVIDEO FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	GIANINI, PAUL C. JR.	62 NAME	
STREET ADDRESS	1705 SANTA MARIA PL	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Steven E. Sorg 6/8/95 (407) 823-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0032203